



State of Illinois
Illinois Department on Aging



MIPPA Reporting for SHIP & SHAP NPR Data Submitters

SHIP – NPR
National Performance Reporting System

12/11/15

Illinois Department on Aging

Senior Health Insurance Program (SHIP)

(800) 252-8966 Aging.SHIP@illinois.gov

Medicare Improvements for Patients and Providers Act (MIPPA)

The Administration for Community Living (ACL) provides a MIPPA grant that is awarded to many entities, such as SHIP and SHAP, who work with Low Income Subsidy (LIS) and Medicare Savings Program (MSP) beneficiaries in Illinois.

- ❑ This funding enables counselors do more work with LIS/MSP beneficiaries

2015 MIPPA Reporting in NPR



MIPPA data collection is needed to consistently report and share the work being done with MIPPA nationally.

- ❑ Reporting is necessary to:
 - Illustrate quantitatively how we are doing
 - “Tell the story” of the great work being done
 - Hold each other accountable

- ❑ Grantees are required to submit data, about their MIPPA activities, into the SHIP National Performance Reporting (NPR) system.

- ❑ The NPR system collects and organizes this data to generate reports that measure the performance of the grantees.

- ❑ Data from all state grantees is combined to create a national NPR database

Remember: *If it's not reported, it didn't happen and doesn't count.*

2015 MIPPA NPR Reporting Requirements



The MIPPA data:

- Must include:
 - Number of LIS, MSP and Medicaid (AABD) applications assisted with
 - Number of Outreach events completed

- Must be submitted Monthly

NPR Data Entry Due Dates



NPR Data Entry Due Dates	
Activity from	Due in NPR
December 2015	January 31 2016
January 2016	February 28 2016
February 2016	March 31 2016
March 2016	April 30 2016
April 2016	May 31 2016
May 2016	June 30 2016
June 2016	July 31 2016
July 2016	August 31 2016
August 2016	September 30 2016
September 2016	October 31 2016
October 2016	November 30 2016
November 2016	December 31 2016
December 2016	January 31 2017

There are two primary data sources for MIPPA Reporting on the NPR system



- ❑ **Client Contact (CC)** data on interaction between counselors and Medicare or Medicaid beneficiaries, seniors, and individuals working on behalf of a client regarding LIS/MSP.
- ❑ **Public and Media (PAM)** activity about a grantee's efforts in educating Medicare beneficiaries, or others working on their behalf about the LIS and MSP programs through public presentations or outreach to the media.

NPR Registration & Email Verification



- ▶ **SHIP staff will register all new data submitters or counselors into NPR.**
- ▶ Newly registered data submitters or counselors will receive the following email from SHIP NPR:

Dear ,

A new user account has been registered for you at the <https://shipnpr.acl.gov/>

Follow this link to verify your email address. If you have difficulties accessing the link, copy and paste the link below to your browser to verify your email address.

[https://shipnpr.acl.gov/\(X\(1\)S\(a4wypk55hyeode45opizre45\)\)/EmailConf.aspx?evt=sjmkaufman%40gmail.com3f333bf9-3ff3-41c8-bb08-dd87646603ff&AspxAutoDetectCookieSupport=1](https://shipnpr.acl.gov/(X(1)S(a4wypk55hyeode45opizre45))/EmailConf.aspx?evt=sjmkaufman%40gmail.com3f333bf9-3ff3-41c8-bb08-dd87646603ff&AspxAutoDetectCookieSupport=1)

You will be able to login to the <https://shipnpr.acl.gov/> upon successful verification of the email using the above link.

Thank you,
SHIP NPR Help Desk
1-800-253-7154 option 1

Email Verification



- ▶ If the email is not in your inbox, you may need to check your spam or junk e-mail folders.
 - **Note:** The email is only accessible for 24 hours

- ▶ When you receive this email message, click on the highlighted link, **“Follow this link”**

- ▶ After this, the screen will show the following:

“Thank you! You have successfully verified your email address. Your account is now active. You may login any time.”

Logging in to NPR



- ▶ Go to the ACL SHIPtalk web site at: <https://shipnpr.acl.gov/>
or
- ▶ Go to the Illinois Department on Aging website at: <https://www.illinois.gov/aging/Pages/default.aspx> (Note: if error, use above link)
- ▶ Click on the “SHIP” tab
- ▶ Click on the “SHIP Talk” link on the right-hand side

The screenshot shows the Illinois Department on Aging website. At the top, there is a search bar and a navigation menu with tabs for About Us, Benefit Access, Community Services, Partners & Providers, Protection & Advocacy, Resources, and SHIP. The SHIP tab is highlighted with a blue box and an arrow. Below the navigation menu, the page title is "Senior Health Insurance Program" with a blue arrow pointing to it. The main content area contains text about the SHIP program, a note, and contact information. On the right side, there is a sidebar with a list of links: SHIP, About SHIP, Email SHIP, Good Start Medicare, Login for SHIP Volunteers, Medicare Related Info, Medicare Webinars, National Health Reform, Prescription Drug Guide, Senior Medicare Patrol, SHIP Medicare Drug Coverage, and SHIP Talk. The SHIP Talk link is highlighted with a blue box and an arrow.

Logging in to NPR

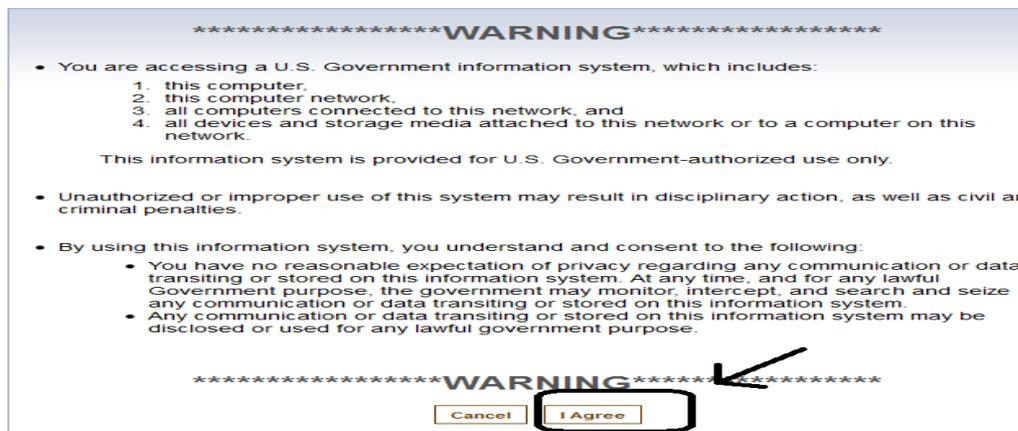
- ▶ Type your email address in the **Your email address** textbox
- ▶ Type the temporary password, **(emailed to you by SHIP)** into the **Password** textbox
- ▶ If you cannot log on, follow the directions for resetting your password.



The screenshot shows a login form titled "Enter Email and Password". The form contains three input fields: "Your email address:", "Password:", and a "GO >>" button. A "forgot password?" link is located below the password field. The form is highlighted with a black border. To the right of the form, there is a section titled "What is SHIPtalk?" with the text "The State Health Insurance Assista" and "one-on-one counseling and assista". Below that, there is a section titled "Find a State SHIP".

Logging in to NPR

- ❑ You will get this “Warning” page each time you sign on.
 - Read it and Click “I agree”



- ❑ You will then be logged in to NPR & receive a “Welcome” greeting



Resetting Your NPR Password



- Click on [Forgot Password](#)

A screenshot of a web form titled "Enter Email and Password". It contains two text input fields: "Your email address:" and "Password:". Below the password field is a "GO >>" button and a link labeled "Forgot password?". A red arrow points to the "Forgot password?" link.

After this, you will see the screen below.

- Enter your email address into both of the textboxes you see below.
- Next, type the white letters or numbers you see in the black textbox, as capital letters, into the last textbox.
- Click Submit.

A screenshot of a verification screen. It contains three text input fields. The first is labeled "Please enter the email address you used when you registered for SHIPtalk". The second is labeled "Please re-enter your email address". Below these is a black box containing white, distorted text "9HIDVR" with two small circular icons to its right. Below this is a third text input field labeled "Enter text from the image or sound above". At the bottom is a "Submit >>" button. Two red arrows point to the first and third text input fields.

Resetting Your Password



- ▶ You should see the following message:

Thank You! Your request has been submitted.

- If the email address you entered is in our system you will receive an email shortly.
- If you do not receive an email after a while, please verify that you entered the Registered email associated with your SHIP NPR account. Please check your spam or junk mail folders as well.
- If you have additional questions, please contact the SHIP NPR Help Desk at 1-800-253-7154, option 1

Resetting Your Password



- ❑ Open your email from shipnprhelp@technicalfrontiers.com
- ❑ You will be directed to “Follow this link” in order to continue the password reset process

From: ShipNPRHelp@air.org Sent: Wed 8/29/2012 4:56
To: Fuchs, Samuel
Cc:
Subject: Your request at the shipnpr.shiptalk.org

Hello,

A request to reset your password was made at shipnpr.shiptalk.org.
If you did not request your password reset, please disregard this message.

[Follow this link](#) to reset your password. If you have difficulties accessing the link, copy and paste the link below into your browser's address bar to verify your email address.

<http://dev-shipnpr.shiptalk.org/NewPass.aspx?prt=sfuchs@air.orgfe7b7610-a8b2-4f01-8b33-bafbedc10e48>

Thank you,
SHIP NPR Help Desk
<https://shipnpr.shiptalk.org>
1-800-253-7154, option 1

Resetting Your Password



- ▶ Enter your new password into the corresponding boxes in the middle of the page.
 - Your password must be at least 8 characters and at most 30.
 - It must also contain at least one, capital letter, number, and special character such as \$, @, %.
 - The password cannot be a name or a word you would find in the dictionary
- ▶ Click the Submit button.
 - If the password you selected does not meet the password requirements, a message in red will notify you that your password does not meet the minimum requirements.

Examples: \$Spidey123, M!lkcow424, F@tSam001

Minimum security requirements:
Your password must be between 8 to 30 characters and must contain at least one upper case letter, at least one digit and at least one special character.

Please enter your new password below:

New Password:

Re-type Password:

MIPPA Coding for Client Contacts (CC's)



When should I complete a MIPPA Client Contact form?



- ❑ **Individual Client Contacts – Application Assistance with:**
 - Medicare Part D Extra Help/Low-Income Subsidy (LIS), and
 - Medicare Savings Programs (MSP)
 - Medicaid Medical Application (AABD)

- ❑ **Check NPR categories :**
 - **Box 13 and/or Box 47 and/or Box 49**

Part D Low Income Subsidy (LIS/Extra Help):

- 11-Eligibility/Screening
- 12-Benefit Explanation
- 13-Application Assistance
- 14-Claims/Billing
- 15-Appeals/Grievances

Medicaid:

- 46-Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
- 47-MSP Application Assistance
- 48-Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
- 49-Medicaid Application Assistance
- 50-Medicaid/QMB Claims
- 51-Fraud and Abuse

When should I fill out a MIPPA Client Contact form?



- ❑ **These actions count as application assistance:**
 - Applying, Redeeming, Redetermination and Recertification paperwork for LIS and/or MSP
 - Current MSP applicant wishing to increase benefit level
 - (ex. QI person submitting for QMB)
 - Medicaid Medical application assistance for AABD
 - Assistance to Aged, Blind or Disabled

Part D Low Income Subsidy (LIS/Extra Help):

- 11-Eligibility/Screening
- 12-Benefit Explanation
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- 49-Medicaid Application Assistance
- 50-Medicaid/QMB Claims
- 51-Fraud and Abuse

When shouldn't I fill out a MIPPA Client Contact form?



- ❑ **These actions do not count as application assistance :**
 - *Screening* for LIS and/or MSP and/or AABD Medicaid
 - Must be actual application assistance in order to count
 - Mailing paper applications to beneficiaries
 - Submitting an application for MSP and counting LIS application assistance (since deemed eligible for LIS)
 - Even though this may happen, there is no “direct hand” in submitting the LIS application

Entering a Client Contact (CC) form



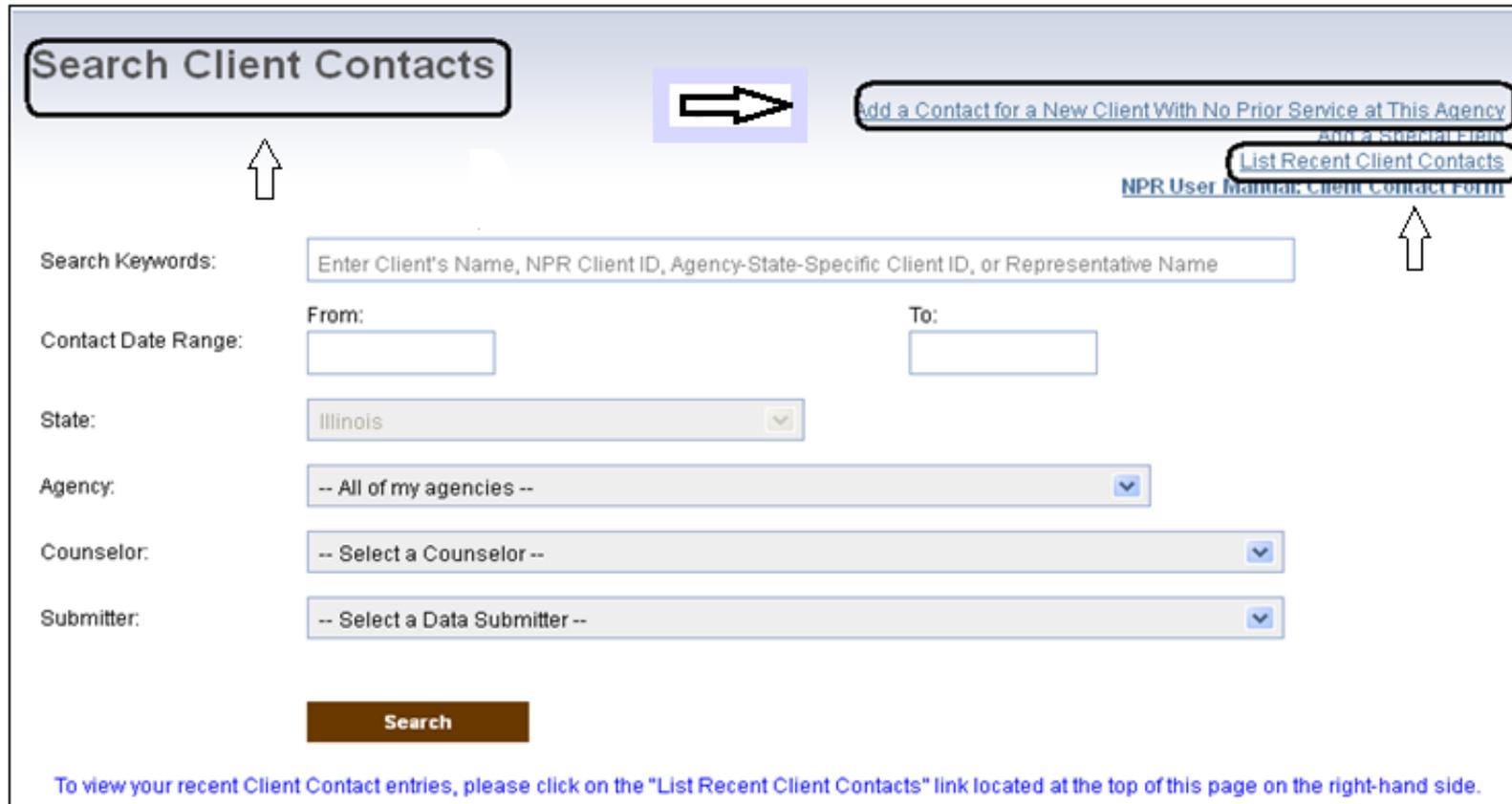
- To start a Client Contact,
 - click on the “CC” button



Client Contact (CC) form

You have options to:

- ▶ Add a contact for a client with no prior service at my site
- ▶ List recent client contacts
- ▶ Search prior client contacts



Search Client Contacts

[Add a Contact for a New Client With No Prior Service at This Agency](#)

[List Recent Client Contacts](#)

[NPR User Manual: Client Contact Form](#)

Search Keywords:

Contact Date Range: From: To:

State:

Agency:

Counselor:

Submitter:

Search

To view your recent Client Contact entries, please click on the "List Recent Client Contacts" link located at the top of this page on the right-hand side.

Entering a Client Contact (CC) form



When you click on:

“Add a contact for a client with no prior service at my site”:

- ❑ Illinois will be the default for State
 - Select your site from the drop-down

Add Client Contact

Start by selecting a State, and then the Agency you would like to add Client Contact information in.

State:

Agency:

- Senior Services Plus, Inc
- Shawnee Alliance - Franklin County
- Shawnee Alliance - Pulaski County
- Shawnee Alliance - Saline County
- Shawnee Alliance - Union County
- Shawnee Alliance - Williamson County
- Sheila Rae Adult Center-Elk Grove Park District
- Shelby County Council on Aging
- Shelby County Senior Center
-
- Smiles Senior Center

Entering a Client Contact (CC) form

- ▶ You will get the Add Client Contact form.
- ▶ Information with a **red asterisk (*)** is mandatory.
- ▶ Some areas have a “Not Collected” box if information is unknown

Add Client Contact

(Items marked in * indicate required fields.)

*** Client Identifier**

Client Identifier Used by Your Agency or State: Use Agency or State Identifier

Client Identifier Auto-Assigned by NPR: 1700019180596 Use Auto-Assigned Identifier

Client Name and Contact Information

Client First Name: Representative First Name:

Client Last Name: Representative Last Name:

Client Phone Number:

Client ZIP Code and County

* ZIP Code of Client Residence:

County of Client Residence:

Counselor and Agency

* Counselor:

Entering a Client Contact (CC) form



*Date Of Contact: _____		* How Did Client Learn About SHIP:	
* First vs Continuing Contact:		<input type="radio"/> Previous Contact	<input type="radio"/> Another Agency
<input type="radio"/> First Contact for Issue		<input type="radio"/> CMS/ Medicare	<input type="radio"/> Friend or Relative
<input type="radio"/> Continuing Contacts for Issue		<input type="radio"/> Presentations	<input type="radio"/> Media
		<input type="radio"/> Mailings	<input type="radio"/> State Website
			<input type="radio"/> Other _____
* Method of Contact:	* Client Age Group:	* Client Gender:	* Client Primary Language Other Than English:
<input type="radio"/> Phone Call	<input type="radio"/> 64 or Younger	<input type="radio"/> Female	<input type="radio"/> Primary Language Other Than English
<input type="radio"/> Face to Face at Counseling Location or Event Site	<input type="radio"/> 65-74	<input type="radio"/> Male	<input type="radio"/> English is Client's Primary Language
<input type="radio"/> Face to Face at Client's Home or Facility	<input type="radio"/> 75-84		
<input type="radio"/> <u>E</u> Mail	<input type="radio"/> 85 or Older		
<input type="radio"/> Postal Mail or Fax			

Note: Beneficiary on Medicare due to Disability:

ALWAYS select “Yes” if the client is under age 65 and is on Medicare as a result of disability or ESRD. Your response to this field will be cross-checked with the client’s age range

Client Contact (CC) form



* Client Race-Ethnicity:

- | | | |
|--|--|--|
| <input type="checkbox"/> Hispanic, Latino, or Spanish Origin | <input type="checkbox"/> Filipino | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Black, African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Some Other Race-Ethnicity |
| <input type="checkbox"/> Chinese | | |

* Receiving or Applying for Social Security Disability or Medicare Disability:

- Yes
- No
- Not Collected

* Dual Eligible with Mental Illness

Mental Disability :

- Yes
- No
- Not Collected

* Client Monthly Income:

- Below 150% FPL
- At or Above 150% FPL
- Not Collected

* Client Assets:

- Below LIS Asset Limits
- Above LIS Asset Limits
- Not Collected

Client Contact (CC) form



SHIP Client Contact Form

Medicare Prescription Drug Coverage (Part D):

- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Plan Enrollment/Disenrollment
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-Renewal

Part D Low Income Subsidy (LIS/Extra Help):

- Eligibility/Screening
- Benefit Explanation
- Application Assistance
- Claims/Billing
- Appeals/Grievances

Medicare (Parts A & B):

- Eligibility
- Benefit Explanation
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Quality of Care

Medicare Advantage (HMO, POS, PPO, PFFS, SNP)

- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Plan Enrollment/Disenrollment
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-Renewal

Medicare Supplement/Select:

- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-Renewal

Medicaid:

- Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
- MSP Application Assistance
- Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
- Medicaid Application Assistance
- Medicaid/QMB Claims

Client Contact (CC) form



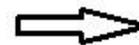
- **“Total Time Spent on this Contact Date”** should include all prep, contact and follow-up time needed to work on the beneficiary’s issue.
- There is also a **“Comments”** section for notes, if you wish to include them.

Other Prescription Assistance: <input type="checkbox"/> Union/Employer Plan <input type="checkbox"/> Military Drug Benefits <input type="checkbox"/> Manufacturer Programs <input type="checkbox"/> State Pharmaceutical Assistance Programs <input type="checkbox"/> Other _____	<hr/> Status: <input type="radio"/> General Information and Referral <input type="radio"/> Detailed Assistance - In Progress <input type="radio"/> Detailed Assistance - Fully Completed <input type="radio"/> Problem Solving / Problem Resolution - In Progress <input type="radio"/> Problem Solving / Problem Resolution - Fully Completed	Other: <input type="checkbox"/> Long Term Care (LTC) Insurance <input type="checkbox"/> LTC Other <input type="checkbox"/> Military Health Benefits <input type="checkbox"/> Employer/Federal Employee Health Benefits (FEHB) <input type="checkbox"/> COBRA <input type="checkbox"/> Other Health Insurance <input type="checkbox"/> Other: Specify _____
*Total Time Spent on this Contact Date: _____ Hours _____ Minutes		
Comments: Add any relevant information regarding the client contact here. Examples include specific issues and resolutions, issues still pending, specific client identifying data or detailed information regarding a Medicaid AABD, LIS or MSP application. This is a secure web site. Some counseling sites use this as their electronic case record.		

Client Contact (CC) form – “Status”

- ❑ **Indicate the nature of the assistance they provided.**
The following definitions are intended to give counselors some guidance as to how to interpret these options. Select the “In Progress” option if the issue was not resolved.
- ❑ **General information and referral:** This refers to simple referrals of a beneficiary to another program or information source, or providing “descriptive” information about SHIP services.
- ❑ **Detailed assistance (In progress / Fully completed):** This refers to what is typically considered the primary, unique counseling service that distinguishes the SHIP program—assisting beneficiaries with plan choices and coverage decisions.
- ❑ **Problem solving / problem resolution (In progress / Fully completed):** This refers to situations where the need for example, for coverage changes are imposed (i.e., not beneficiary-driven), beneficiary appeals, quality of care issues, or complaints.

Note: The options above are not listed in order of increasing intensity; therefore “Problem Solving” is not necessarily considered to be more time intensive than “Detailed Assistance” Counselors should pick the option that best matches the services they provided,



Status:

- General Information and Referral
- Detailed Assistance - In Progress
- Detailed Assistance - Fully Completed
- Problem Solving / Problem Resolution - In Progress
- Problem Solving / Problem Resolution - Fully Completed

The Client Contact (CC)

Special Use Fields for MIPPA coding

- Click a qualifying topic for LIS or MSP or Medicaid (Topic 13, 47 or 49)

And

- Enter an appropriate MIPPA code in the Special Use Field

Part D Low Income Subsidy (LIS/Extra Help):

- 11-Eligibility/Screening
- 12-Benefit Explanation
- 13-Application Assistance
- 14-Claims/Billing
- 15-Appeals/Grievances

Medicaid:

- 46-Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
- 47-MSP Application Assistance
- 48-Medicaid (SSI, Nursing Home, MEPS, Elderly Waiver) Screening
- 49-Medicaid Application Assistance
- 50-Medicaid/QMB Claims
- 51-Fraud and Abuse

Enter the appropriate number in the MIPPA Client field (1, 2 or 3)

Was LIS, MSP or both discussed with MIPPA Client?

Response Options (Select One):

1 = LIS MIPPA Client

2 = MSP MIPPA Client

3 = Both LIS and MSP MIPPA Client



The screenshot shows a form titled "CMS Special Use Fields" with a red border. The first field, "MIPPA CLIENT 1 2 3:", is highlighted with a blue border and contains the number "3". Below it are four other fields: "Dual Ref In Srce 1-7:", "Enrol Broker Asst YN:", "Letter Stat Mcaid YN:", and "Managed Care Optn YN:", each with an empty input box.

The Client Contact (CC)

Special Use Fields for MIPPA coding

Once you are done completing the form:

- Click the “**Submit**” button at the bottom of the form

CMS Special Use Fields	State and Local Special Use Fields
MIPPA CLIENT 1 2 3:	<input type="text" value="3"/>
Dual Ref In Srce 1-7:	<input type="text"/>
Enrol Broker Asst YN:	<input type="text"/>
Letter Stat Mcaid YN:	<input type="text"/>
Managed Care Optn YN:	<input type="text"/>
Enrollment Assist YN:	<input type="text"/>



Options After Entering a Client Contact (CC) form

- ❑ **After completing a Client Contact, you have the option to:**



- **Add another form for THIS client:**
This link allows you to enter a new Client Contact form for the *same* client (who was on the form you just submitted). **Do not** click on this link to add a new Client Contact form for a *different* client.
- **Add a form for a NEW client in the SAME agency:**
This link allows you to enter a new Client Contact form for a *different* client at the *same* agency (as the client whose form you just submitted).
- **Add a form for a NEW client in a DIFFERENT agency:**
This link allows you to enter a new Client Contact form for a *different* client at a *different* agency (than the client whose form you just submitted).

Searching for “Recent Client Contacts”

- ❑ When selecting “List recent client contacts”:
 - It will provide a list of the client Contacts you have entered recently
 - You can View, Edit or add a New Contact for the client
 - You can also search by inputting specific criteria

Search Client Contacts

[Add a Contact for a New Client With No Prior Service at This Agency](#)
[Add a Special Field](#)
[List Recent Client Contacts](#)
[NPR User Manual: Client Contact Form](#)

Search Keywords:

Contact Date Range: From: To:

State:

Agency:

Counselor:

Submitter:

Client Name	State-Agency-Specific Client ID	Contact Date	
ZILINSKY, RUSSELL		02/14/2014	View Edit New contact for this client
OTT, LISA		12/31/2013	View Edit New contact for this client

MIPPA Coding for Public and Media Events (PAMs)



Public and Media (PAM) Event

What counts for MIPPA



All Outreach Events must include information on:

- LIS,
- MSP, *or*
- Medicare Preventive Services

Note: Outreach activities are defined in the NPR User Manual

Public and Media (PAM) Event

What counts for MIPPA



Outreach activities as defined in the NPR User Manual :

Booth or Exhibit: At Health Fair, Senior Fair, or Special Event

This includes events where general or program-specific information, and/or printed fact sheets are shared with or distributed to the public. The purpose of SHIP program participation in such events is to inform the public about the availability of SHIP services in their area. For example, some SHIPs attend health or senior fairs or set up information booths in shopping centers to increase that community's awareness of their services and of the need for individual counseling.

Interactive Presentation to Public: Face-to-Face or In-person

This includes in-person presentations, interactive forums, speaking engagements, or seminars during which substantive knowledge on Medicare or the SHIP program is transferred by oral and visual means from a SHIP presenter to those individuals attending the presentation. This *does not* include SHIP counselor trainings, booths, exhibits, satellite broadcasts, or video and Web conferences.

Dedicated Enrollment Event Sponsored by SHIP or in Partnership

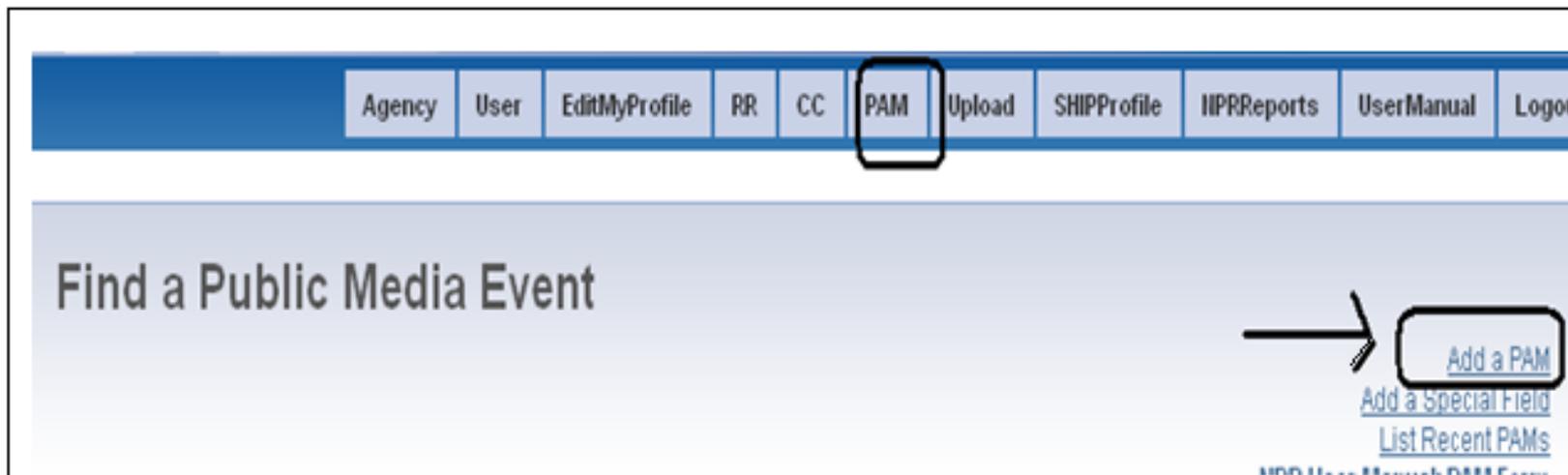
This includes any type of program where enrollment is the key objective and where volunteers of staff are on hand to help the beneficiary submit an application online or by paper. An enrollment event may be either solely sponsored by a SHIP or sponsored in partnership with another organization such as Social Security Administration (SSA) office.



If a SHIP counselor or coordinator assists a beneficiary with enrollment or provides other substantial one-on-one assistance during or after a PAM event, a Client Contact form should also be completed to collect as much information as possible about that counseling contact.

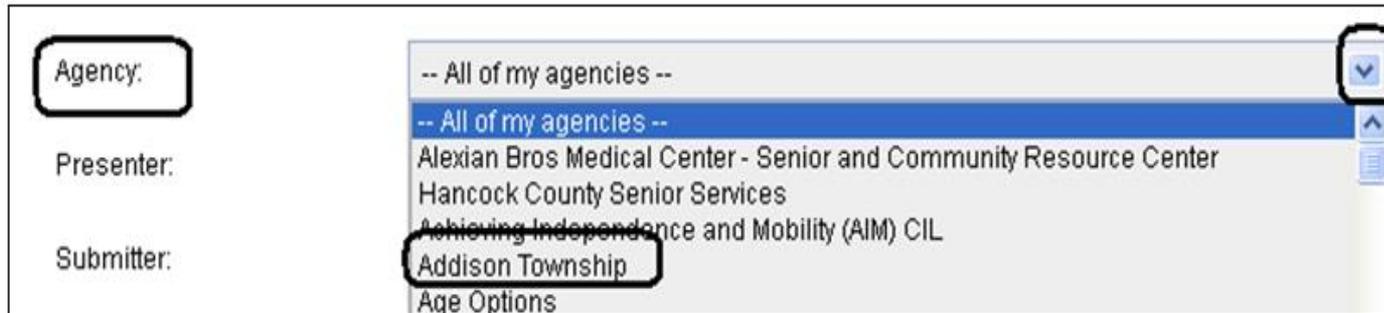
Entering Public and Media (PAM) Events

- ▶ Click on the PAM tab at the top of the screen.
- ▶ Click *“Add a PAM”*



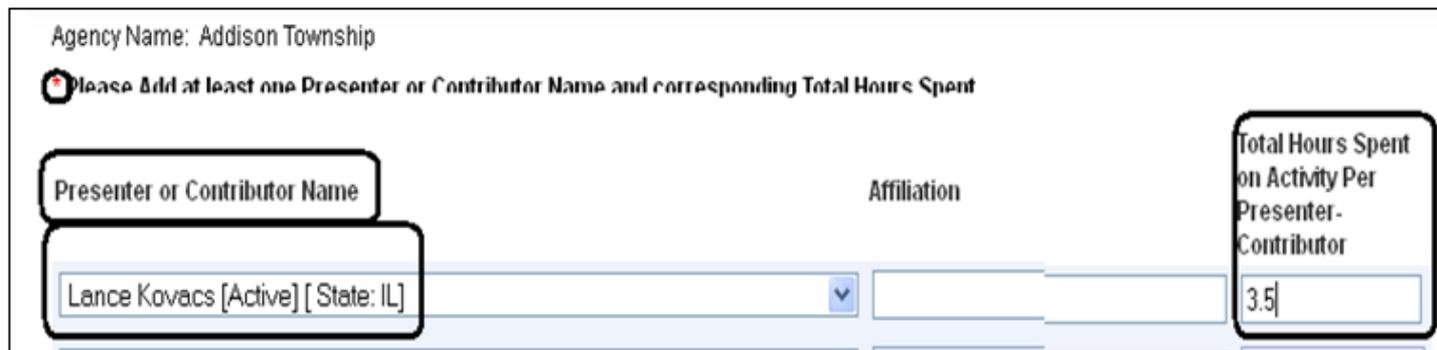
Entering Public and Media (PAM) Events

- Click the drop down arrow and select your agency.



Agency: -- All of my agencies --
Presenter: Alexian Bros Medical Center - Senior and Community Resource Center
Submitter: Hancock County Senior Services
Achieving Independence and Mobility (AIM) CIL
Addison Township
Age Options

- Choose your name from the “Select a Presenter or Contributor” box
- Enter Time Spent on Activity per Presenter or Contributor.
 - Fractions of an hour are entered in 15 minute increments
15 min is entered as .25, 30 min is entered as .50 and 45 min is entered as .75



Agency Name: Addison Township

Please Add at least one Presenter or Contributor Name and corresponding Total Hours Spent

Presenter or Contributor Name	Affiliation	Total Hours Spent on Activity Per Presenter-Contributor
Lance Kovacs [Active] [State: IL]		3.5

Entering Public and Media (PAM) Events

- Select and complete **one** Activity or Event.
 - Enter the number of people assisted
 - Enter the number of people you provided Enrollment Assistance (if none enter “0”)

Activity or Event
* At least one Activity or Event is required .

1. Interactive Presentation to Public. Face to Face In-Person.

Estimated Number of Attendees:

Estimated Persons Provided Enrollment Assistance:

2. Booth or Exhibit. At Health Fair, Senior Fair, or Special Event.

Estimated Number of Direct Interactions with Attendees:

Estimated Persons Provided Enrollment Assistance:

3. Dedicated Enrollment Event Sponsored By SHIP or in Partnership.

Est Number Persons Reached at Event Regardless of Enroll Assistance:

Estimated Number Persons Provided Any Enrollment Assistance:

Estimated Number Provided Enrollment Assistance with Part D:

Estimated Number Provided Enrollment Assistance with LIS:

Estimated Number Provided Enrollment Assistance with MSP:

Estimated Number Provided Enrollment Assist Other Medicare Program:

4. Radio Show. Live or Taped. Not a Public Service Announce or Ad.

Estimated Number of Listeners Reached:

5. TV or Cable Show. Live or Taped. Not a Public Service Announce or Ad.

Estimated Number of Viewers Reached:

6. Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat

Est Persons Viewing or Listening to PSA, Electronic Ad, Crawl Across Entire Campaign, Video Conf, Web Conf, Web Chat:

7. Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings

Est Persons Reading Article, Newsletter, Ad or Pieces of Targeted Mail or Other Printed Across Entire Campaign:

Entering Public and Media (PAM) Events

- ❑ Enter activity date, location & contact information
- ❑ Click a qualifying topic (LIS, MSP or Medicare Preventive Services)
 - Also check **any other applicable activities** or populations

* Start Date of Activity: <input type="text" value="11/02/2015"/>	* Event or Group Name: <input type="text" value="Rehab Institute"/>
* End Date of Activity: <input type="text" value="11/02/2015"/>	Contact First Name: <input type="text" value="Joe"/>
* State of Event: <input type="text" value="Illinois"/>	Contact Last Name: <input type="text" value="Almez"/>
* County of Event: <input type="text" value="Cook"/>	Contact Phone Number: <input type="text" value="(312) 555-1234 x_"/>
* Zip Code of Event: <input type="text" value="60601"/>	* City of Event: <input type="text" value="Chicago"/>
* Street Address of Event: <input type="text" value="123 Main Street"/>	

* Topic Focus (Check All That Apply)	* Target Audience (Check All That Apply)
<input checked="" type="checkbox"/> 1-Medicare Parts A and B	<input checked="" type="checkbox"/> 1-Medicare Pre-Enrollees - Age 45-64
<input type="checkbox"/> 2-Plan Issues - Non-Renewal, Termination, Employer-COBRA	<input checked="" type="checkbox"/> 2-Medicare Beneficiaries
<input type="checkbox"/> 3-Long-Term Care	<input type="checkbox"/> 3-Family Members - Caregivers of Medicare Beneficiaries
<input type="checkbox"/> 4-Medigap - Medicare Supplements	<input checked="" type="checkbox"/> 4-Low-Income
<input type="checkbox"/> 5-Medicare Fraud and Abuse	<input type="checkbox"/> 5-Hispanic, Latino, or Spanish Origin
<input checked="" type="checkbox"/> 6-Medicare Prescription Drug Coverage - PDP / MA-PD	<input type="checkbox"/> 6-White, Non-Hispanic
<input checked="" type="checkbox"/> 7-Other Prescription Drug Coverage - Assistance	<input type="checkbox"/> 7-Black or African-American
<input type="checkbox"/> 8-Medicare Advantage	<input type="checkbox"/> 8-American Indian or Alaska Native
<input checked="" type="checkbox"/> 9-QMB - SLMB - QI	<input type="checkbox"/> 9-Asian Indian
<input checked="" type="checkbox"/> 10-Other Medicaid	<input type="checkbox"/> 10-Chinese
<input type="checkbox"/> 11-General SHIP Program Information	<input type="checkbox"/> 11-Filipino
<input checked="" type="checkbox"/> 12-Medicare Preventive Services	<input type="checkbox"/> 12-Japanese
<input checked="" type="checkbox"/> 13-Low-Income Assistance	<input type="checkbox"/> 13-Korean
	<input type="checkbox"/> 14-Vietnamese

Public and Media (PAM) Event MIPPA Special Use Fields



- ❑ Enter an appropriate MIPPA code in the Special Use Field

Nationwide and CMS Special Use Fields	
MIPPA EVENT 1 2 3:	<input type="text" value="3"/>
Disc Duals MM FAM YN:	<input type="text"/>
Brokr Asst MM FAM YN:	<input type="text"/>

State and Local Special Use Fields

- ❑ Click on the “Submit” button when complete.



MIPPA Coding for PAMs



Agency User EditMyProfile RR CC **PAM** Upload SHIPProfile NPRReports UserManual Logout

Public And Media Events

(Items marked in * indicate required fields.)

Agency Name: Alexander Senior Center

* Please Add at least one Presenter or Contributor Name and corresponding Total Hours Spent.

Presenter or Contributor Name	Affiliation	Total Hours Spent on Activity Per Presenter-Contributor
- Select a Presenter or Contributor -		e.g. 9999.75

Select Activity or Event Type
And
Enter an "1" in the Special Use Field

Nationwide and CMS Special Use Fields

Scroll Down to Bottom

MIPPA EVENT 1 2 3:

 **NEW in 2015 MIPPA:**
Enter 1, 2 or 3 for any LIS or MSP MIPPA Event or Activity.

Due Dates for CC and PAM Entry



Monthly NPR Data Entry Due Dates	
Activity from	Due in NPR
December 2015	January 31 2016
January 2016	February 28 2016
February 2016	March 31 2016
March 2016	April 30 2016
April 2016	May 31 2016
May 2016	June 30 2016
June 2016	July 31 2016
July 2016	August 31 2016
August 2016	September 30 2016
September 2016	October 31 2016
October 2016	November 30 2016
November 2016	December 31 2016
December 2016	January 31 2017

Coming Soon to NPR



Benefits Access Application (BAA)

Special Use Fields (SUF) for Illinois will include:

- Data to enter:
 - 1 – if License plate discount;
 - 2 – if free transit ride;
 - 3 – if both

Benefit Access Application

BAA Event: 1 2 3:

Remember: *If it's not reported, it didn't happen*

Monthly NPR Data Entry Due Dates	
Activity from	Due in NPR
December 2015	January 31 2016
January 2016	February 28 2016
February 2016	March 31 2016
March 2016	April 30 2016
April 2016	May 31 2016
May 2016	June 30 2016
June 2016	July 31 2016
July 2016	August 31 2016
August 2016	September 30 2016
September 2016	October 31 2016
October 2016	November 30 2016
November 2016	December 31 2016
December 2016	January 31 2017

Helpful Tip: Your interview isn't finished until NPR data entry is done.

- This philosophy may save you some time and help keep you organized.
- If you wait, they tend to pile up and not get done or it creates an end of month rush.

RESOURCES AND PUBLICATIONS



❑ NPR User Manual

- [https://shipnpr.acl.gov/\(X\(1\)S\(rbyknk3efxor3o45uqilb42g\)\)/Npr/Docs/UserManual.aspx](https://shipnpr.acl.gov/(X(1)S(rbyknk3efxor3o45uqilb42g))/Npr/Docs/UserManual.aspx)

❑ Illinois Department on Aging, Senior Health Insurance Program (SHIP)

- (800) 252-8966
- Aging.SHIP@illinois.gov

❑ You can also direct your NPR questions to one of the following SHIP staff members:

- John Marruffo at (217) 558-4926 or john.Marruffo@illinois.gov
- Dave Lecik at (312) 814-5436 or david.lecik@illinois.gov
- Jose Alves at (312) 814-8802 or jose.alves@illinois.gov

❑ SHIP NPR Help Desk

- Toll-Free Help Desk: 1-800-253-7154, ext. 1
- E-mail: SHIPNPRHelp@TechnicalFrontiers.com

Thank you



Are There Any questions???